

## Consent to Travel Summer Courses 2018

<b>Full name of Parent/Guardian:</b>	(Title: Mr/Mrs/Miss)
	(Family Name)
	(First Name)
<b>Full address of Parent/Guardian:</b>	
<b>Parent/Guardian telephone number:</b>	
<b>Student Passport/ID number:</b>	
<p>I authorise my child: <span style="float: right;">(Student Name)</span></p> <p>to travel to the UK for the Summer Course at Concord College as detailed in the Enrolment Documents</p>	
<b>Parental Signature:</b>	
<b>Parental Name (BLOCK CAPITALS):</b>	
<b>Date:</b>	

If required, please contact **Concord College** on **+44 (0)1694 731631**

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